

B6F (Official Form 6F) (12/07)

IN RE Brown, LaSonya D

Case No. 5:14-bk-50639

Debtor(s)

(if known)

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3478 American InfoSource LP as agent for Directv, LLC PO Box 51178 Los Angeles, CA 90051-5478						177.98
ACCOUNT NO. 1198 Augusta Health 78 Medical Center Drive Fisherville, VA 22939	W	Medical debt incurred over past several years.				
ACCOUNT NO. XXXX Capital One PO Box 30281 Salt Lake City, UT 84130	W	Revolving credit card charges incurred over the past several years. Amount due was a charge off from a settlement. 3,786.00				398.77
ACCOUNT NO. 0079 CAROLINAS MEDICAL CENTER PO BOX 32861 CHARLOTTE, NC 28232-2861	W	Medical bills incurred over several years. 1,206.00				0.00
						0.00
<u>3</u> continuation sheets attached			Subtotal (Total of this page)	\$	576.75	
			Total			
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$	

B6F (Official Form 6F) (12/07) - Cont.

IN RE Brown, LaSonya D

Case No. 5:14-bk-50639

Debtor(s)

(If known)

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CO-DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNREDUCED DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0184 CAROLINAS MEDICAL CENTER PO BOX 32861 CHARLOTTE, NC 28232-2861	W	Medical bills incurred over the past several years.			2,774.44
ACCOUNT NO. 3293 CAROLINAS MEDICAL CENTER PO BOX 32861 CHARLOTTE, NC 28232-2861	W	Medical bills incurred over the past several years. \$55.00			0.00
ACCOUNT NO. 0310 CAROLINAS MEDICAL CENTER PO BOX 32861 CHARLOTTE, NC 28232-2861	W	Medical debt incurred over the past several years. \$957.00			0.00
ACCOUNT NO. Spartan Financial Services 13730 South Point Blvd Charlotte, NC 28273		Assignee or other notification for: CAROLINAS MEDICAL CENTER			
ACCOUNT NO. 9193 Carolinas Physicians Network 1025 Morehead Medical Drive, Suite 500 Charlotte, NC 28204	W	Medical bills incurred over the past several years. 188.00			0.00
ACCOUNT NO. Optimum Outcomes Inc 2651 Warrnville Rd Downers Grove, IL 60515		Assignee or other notification for: Carolinas Physicians Network			
ACCOUNT NO. 9194 Carolinas Physicians Network 720 East Morehead Street, Suite 300 Charlotte, NC 28202	W	Medical bills incurred over the past several years. 1,190.00			0.00
Sheet no. <u>1</u> of <u>3</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		\$ 2,774.44
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Brown, LaSonya D

Case No. 5:14-bk-50639

Debtor(s)

(If known)

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CREDITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5060 Carolinas Physicians Network 1025 Morehead Medical Drive, Suite 500 Charlotte, NC 28204	W	Medical debt incurred over the past several years. 500.00				0.00
ACCOUNT NO. 6485 CMG-Eastover University Ob/Gyn 7810 Providence Road Suite 105 Charlotte, NC 28226	W	Medical bills incurred over the past several years. 336.00				0.00
ACCOUNT NO. PMAB Llc 5970 Fairview Rd Charlotte, NC 28210		Assignee or other notification for: CMG-Eastover University Ob/Gyn				
ACCOUNT NO. 6486 CMG-Eastover University Ob/Gyn 7810 Providence Road, Suite 105 Charlotte, NC 00000	W	Medical debt incurred over past several years 138.00				0.00
ACCOUNT NO. Lofton Leasing 28 Imperial Drive Staunton, VA 24401		Rental lease agreement				unknown
ACCOUNT NO. unknown Piedmont Medical Center 222 South Herlong Avenue Rock Hill, SC 29732	W	Medical debt incurred over past several years. 722.00				0.00
ACCOUNT NO. Central Finance Control P O Box 66044 Anaheim, CA 92816		Assignee or other notification for: Piedmont Medical Center				

Sheet no. 2 of 3 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$

Total

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Brown, LaSonya D

Case No. 5:14-bk-50639

Debtor(s)

(If known)

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR CO-UNITED	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNJUSTIFIED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6522 Solstas Lab Partners Attention Legal Department 4830 Federal Drive, Suite100 Greensboro, NC 27410	W	Medical bills incurred over the past several years. 28.00				0.00
ACCOUNT NO. Stern & Associates P.A. 415 North Edgeworth Street, Ste. 210 Greensboro, NC 27401-2071		Assignee or other notification for: Solstas Lab Partners				
ACCOUNT NO. 5001 U.S. Department of Education C/O Nelnet 3015 South Parker Road, Suite 400 Aurora, CO 80014	W	Student Loan obligation				7,035.41
ACCOUNT NO. Eric H. Holder Bankruptcy Dept U S Attorney General Washington, DC 20530-0001		Assignee or other notification for: U.S. Department of Education				
ACCOUNT NO. D. Rivers P O Box 1709 Roanoke, VA 24008-1709		Assignee or other notification for: U.S. Department of Education				
ACCOUNT NO. 5001 US Bank as Eligible Lender Claims Filing Unit PO Box 8973 Madison, WI 53708-8973	W	Student loan obligation				98,601.71
ACCOUNT NO.						

Sheet no. 3 of 3 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ 105,637.12Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$ 108,988.31

B6G (Official Form 6G) (12/07)

IN RE Brown, LaSonya D

Case No. 5:14-bk-50639

Debtor(s)

(If known)

AMENDED SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Lofton Leasing 28 Imperial Drive Staunton, VA 24401	Rental lease
Eric Brown 72 Pinnacle Lane Lexington, VA 24450-0000	
Brooke Reality Charlotte, NC	rental management company
Tenant 4511 Dalbeth Road Charlotte, NC 28213	residential lease
Bobby Warren 1628 Baylor Drive Rock Hill, SC 29732	residential lease

B6 Declaration (Official Form 6 - Declaration) (12/07)

IN RE Brown, LaSonya D

Case No. 5:14-bk-50639

Debtor(s)

(If known)

AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 24 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: November 6, 2014

Signature: /s/ LaSonya D Brown
LaSonya D Brown

Debtor

Date: _____

Signature: _____

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.